

**FRANKLIN COUNTY BOARD OF COMMISSIONERS**  
**COMMUNITY AND ECONOMIC DEVELOPMENT DEPARTMENT**

**AFFORDABLE HOUSING PROGRAMS**  
**RFP APPLICATION BUDGET INSTRUCTIONS**

The budget for the program of services offered by the applicant must reflect efficient administration and good management practices. Anticipated expenditures shown on the budget must be reasonably in line with those of similar service providers providing comparable services. The budget will also be reviewed for compliance with U.S. Department of Housing and Urban Development Administrative Requirements and Cost Principles that are outlined in the applicable Office and Management Budget Circulars. Applicants may access these requirements and principles at the website <http://www.whitehouse.gov/OMB/grants/> or by contacting the Community and Economic Development Department.

A budget format is attached, and will be used to list all costs of the specific services to be contracted. The budget must be completed on the basis of total units projected.

In-Kind and donated goods and services may be utilized in the performance of a program service activity. When in-kind and donated goods and services are utilized they should be included on the schedule of Leveraged Funds by Program Type (page 5 of the budget form) as appropriate.

The budget is to be completed for a period of fifteen months. When the budget is completed, it will become part of the RFP response. Separate budgets must be submitted for separate program service activities.

**Budget Title Sheet (this should be completed after the budget has been established)**

Service Program - Identify the service program to be provided with this budget.

Budget Contact Person - Identify the person who is authorized to respond to budget questions.

Provider - Enter the legal name of the applicant that will provide the service.

Address - Enter the address of the applicant that will provide the service.

Telephone - Enter the telephone number of the applicant that will provide the service.

Fax - Enter the fax number of the applicant that will provide the service.

Email - Enter the email address of the applicant that will provide the service.

Budget Period From/To - Enter the effective dates of the proposed program.

Service Code - List the service code of the proposed program that corresponds to the program service description as listed on page four (4) of the RFP (e.g. Single Family Rehabilitation is service code IA).

Unit of Service; Line One - List the unit definitions of the proposed service code as noted on page four (4) of the RFP in the chart of program service descriptions as planned outcome units (e.g. households, houses).

Unit of Service; Line Two – This is the applicant’s admin line. No change required.

Total Program Units; Line one and Line two - For the stated unit of service, list the number of units which the applicant is proposing to provide.

Unit Cost; Line one and Line two - Enter cost of each proposed unit of service. (Total cost of service divided by total program units.)

Units under Contract; Line one and Line two - Enter total units to be purchased under this contract.

Amount Under Contract; Line one and Line two - Enter the dollar amount of contracted units. (Unit Cost times Units Under Contract)

## **Recap of Cost Summary**

This section is a summary of the detail pages of the costs of providing the program services. The amounts listed here must agree with the totals brought forward from each of the following line item worksheets.

## **Line Item Worksheets**

### **STAFF COSTS**

#### **Salaries**

Position Title - List all staff positions subject to reimbursement. Indicate whether filled (F) or vacant (V). If the position is vacant, the annual salary must be prorated to reflect the date the position is expected to be filed. If an individual functions in more than one capacity, separate the position titles, and properly allocate the salary to the specific functions.

Number of Full-Time Equivalent Positions Required - A full-time equivalent position is for a 40-hour workweek and equals the whole number one (1). A part-time worker is stated as a decimal equivalent of the fractional part of the whole number (i.e. a part-time worker who works 20 hours during the 40 hour full time work-week is stated as a .5 full-time equivalent position (20/40), 10 hours is stated as a .25 full-time equivalent position. (10/40).

Annual Salary - Enter the total full-time annual salary paid for each position title.

Salary Cost - Multiply the number of full-time equivalent positions by the annual salary cost.

Percent of Time to Program - Indicate the percentage of the annual salary relevant to the program under contract.

Reimbursable Salary - Indicate the amount of salary applicable to the program under contract. (Salary cost multiplied by Percent of Time to Program).

#### **Payroll Related Expenses**

Indicate the employer share of fringe benefits relevant to the salary of listed staff. These costs are to reflect actual established rates. To assist with the budget review of these costs, include the calculation formula of the reimbursable amount either on the line with the line item, in the space below, or in an attached schedule.

#### **Subcontract Labor and Consultant Fees**

Type - Indicate the type of subcontract labor or consulting fee (i.e. inspector, attorney, accountant)

Function Performed - Indicate the function being performed by the subcontractor or consultant (i.e. accountant-quarterly tax reports, payroll preparation)

Hourly Fees - Indicate the rate per hour for the subcontractor or consultant.

No. of Hours - Indicate how many hours that the subcontractor or consultant is to be used.

Reimbursable Subcontract Labor & Consultants - Enter the fees multiplied by estimate of use.

## **OPERATIONAL COSTS**

### **Travel**

Mileage Reimbursement - Indicate in the appropriate column the per mile reimbursement paid to staff, not to exceed the Federal mileage rate of \$.36, and the total amount of this anticipated expenditure.

Other – Identify and explain any other travel cost that would be reimbursable to the vendor.

### **Consumable Supplies**

Identify and explain any consumable supplies that would be reimbursable to the vendor. Expected in this category are supplies that will be consumed within the project period. Note that items that have a useful life greater than a year may be a small equipment purchase

### **Occupancy Costs**

Rental/Mortgage – If the applicant has a rental agreement or mortgage for operating space, multiply the per square foot charge for the budget period and the number of square feet necessary to render program services, in order to calculate the total rental charge.

Maintenance and Repairs - Enter the anticipated costs of maintaining and repairing the facilities.

Utilities - Enter the relevant utility cost on the appropriate line if not included in rental charge.

### **Insurance Costs**

Enter the relevant insurance costs that should be reimbursed to the applicant on the appropriate line.

### **Other Miscellaneous**

Itemize any costs that are not listed in any of the above cost classifications that are appropriate to the program service. Please note that if indirect costs are listed, the applicant must include a federally approved indirect cost plan.

## **DIRECT UNIT COSTS**

Subcontract Labor – If applicant intends to contract out services rather than performing the work in-house, provide estimated cost here.

Labor – Based on the applicant's experience with similar projects, indicate the estimated portion of the direct unit costs that will be labor by providing the proposed number of outcome units multiplied by the estimated average labor rate.

Materials – Based on the applicant's experience with similar projects, indicate the estimated portion of the direct unit costs that will be materials by providing the proposed number of outcome units multiplied by the estimated average material rate.

Equipment – Based on the applicant's experience with similar projects, indicate the equipment that will be used in this program and the estimated costs of said equipment.

Travel – List types of travel to be charged to program along with estimated costs.

Other Direct Costs - Itemize any costs that are not listed in any of the above direct cost classifications that are appropriate to the program.

## **LEVERAGED FUNDS BY PROGRAM TYPE**

### **Income For Services Under Contract**

Fees from Private Consumers – Indicate the anticipated income from non-clients.

Federal Funds (Grants or Contracts) – Indicate all Federal grants or contracts expected to support the program service, including the amounts proposed under this RFP.

State, County, or Municipal Allocations – Indicate any other state, county, or municipal support of program services (i.e. levies, general fund).

Contributions – Indicate private contributions of support of the program services.

Miscellaneous – List sources of income for contract services not previously itemized.

**Total income for services under contract should indicate that revenue available to support the proposed budget.**